/				100.1
.√ ARI	IZONA STATE BO	DARD OF HEALT	H State File No	. 174
PLACE OF BIRTH	BUREAU OF VITAL STATISTICS		Registered No	87
el 'On	STANDARD CERTIF	7.	_	
ounty. The desired		icaco aryon	<u> </u>	
District or Township		or Village		
su ellove		V	St.,	Ward
allat.	(If birth occur	red in a hopbital or institution		e e e e e e e e e e e e e e e e e e e
. Full name of child	monary p	rangon	supplemental	t yet named, make report, as directed.
3. Sex of Child To be answered ONLY in event of plural	4. Twin, triplet or other.	6. Legitimate?	7. Date of birth 10	-0,1927
/// births.	5. No., in order of birth	(		Ay / lear
Full name William Kels	ie Branham	Full maiden name	neva Iwe	Edell
9. Residence (Usual place of abode) Hobe	anjona	15 Residence (Usual place of abode) If non-resident, give	Hobe an	jona
If non-resident, give place and state.	<del>/</del>		place and state.	<del>1</del>
0. Color or race	27	16 Color de race	17. Age at last birthe	day 27 (Years)
11. Age at last bi	P	77 1.5 (2	1 11. Age at host buttle	(1eas)
2. Birthplace (city or place)	County	18. Birthplace (city or pl	aco) ono Con	1 7
(State or country)	<u>'</u>	(State or country)		<del>7V'</del>
3. Occupation Nature of industry Mine	•	19. Occupation Nature of industry	Houseway	<b>/</b>
0. Number of children of this mother.	(a) Born alive an	d now living Dre	21. Were precautions t	aken against oph-
Taken as of time of birth of child herein ertified and including this child.)	(c) Stillborn	t now dead Mone	thalmia neonatoru	m?
		PHYSICIAN OR MIDWI	- 24// 1/6-	a data above exerted
hereby certify that I attended the birth of th		form alive or stillborn.)	m, on th	e date above stated
* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn	Signature	7. 4	agei	······································
child is one that neither breathes nor shows other evidence of life after birth.	## 49 **********************************	- 11 DA	(Physician or	midwife).
liven name added from	Address	Halle	Enjara	
supplemental report Month, day, year		1-30 .27	Y. XI Nor	<del>2</del> /
Registrar	Filed	19		Registrar
	124-42	0-70-		
	TOP	V 153		
7	The Control of the Co			And the same of

)